



UNUM[®]

Unum Life Insurance Company of America
Portland, Maine

Assignment of Life Insurance Under Group Policy

Master Policy No. _____

Name of Master Policyholder _____

Social Security No. _____

Name of Insured _____

☐ for value received

The undersigned

☐ for no value, but as a gift (check one) does hereby assign and set over unto

Assignee

of _____, _____
City State

(hereinafter called the Assignee), and the successors in interest of the Assignee, all of the rights of the undersigned in and to the life insurance on the life of the Insured as may be provided now or in the future under the above Certificate and Policy or as may be provided by any policy issued by any company in replacement thereof including, but not limited to rights, where exercisable under the policy(s), to convert any and all such insurance to individual life insurance.

This assignment is (mark one)

☐ Absolute, revoking all prior beneficiary designations and naming the Assignee as beneficiary, reserving to the Assignee the right to designate and change the beneficiary.

☐ Collateral, to secure indebtedness owed Assignee, and the right is reserved to the insured to designate or change the beneficiary.

(If neither of the above boxes is marked, the Assignment shall be treated as collateral.)

The execution of this assignment is a warranty that no proceedings in insolvency or bankruptcy has been instituted by or against the undersigned. It is agreed by the undersigned and the Assignee that the Company assumes no responsibility for the validity, sufficiency or effect of this assignment.

Dated And Signed At _____, this _____ day of _____, _____
(month) (year)

Witness _____

Insured _____

Received in triplicate, acknowledged and assented to.

Master Policyholder

Date: ____ / ____ / ____

Name: _____

By _____

Instructions For Completing This Form:

Please complete 3 copies. All copies should be acknowledged in writing by the Master Policyholder, and forwarded to the Company for its acknowledgment. The Company address is:

Unum Life Insurance Company of America
Group Life Benefits
P.O. Box 9061
Portland, ME 04104-5046